

HIV/AIDS in Haiti and USAID Involvement

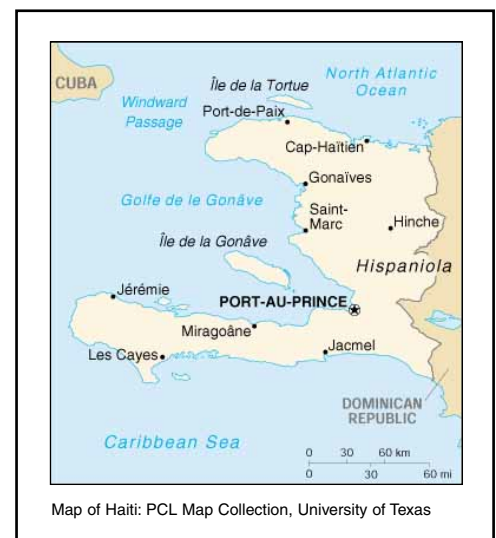
Although there is some evidence that Haiti's AIDS epidemic is stabilizing, the country continues to have the highest adult prevalence of HIV in Latin America and the Caribbean. Haiti is the country most affected by HIV/AIDS outside of sub-Saharan Africa; poverty, conflict, and an unstable government have exacerbated the spread of its epidemic. Haiti is one of the poorest countries in the world and the poorest in the Western hemisphere. Sixty-five percent of its citizens live in rural areas, and 65 percent live below the absolute poverty line. The country has the highest infant, child, and maternal mortality rates in the hemisphere and the lowest life expectancy. High HIV/AIDS prevalence has aggravated Haiti's tuberculosis (TB) epidemic.

The 1999-2000 national sentinel surveillance survey provides estimates of up to 9.8 percent HIV infection rates in urban areas and up to 6.3 percent in the general population. In certain "hot spots" of HIV infection, such as Port-de-Paix and towns along the border of the Dominican Republic, prevalence can range much higher.

According to the Government of Haiti's National Strategic Plan for HIV/AIDS, 2002-2006, by the end of 2001:

- Up to 235,000 adults between the ages of 15-49 were living with HIV/AIDS (adult prevalence of 6.12 percent);
- 48.6 percent of these cases occurred in men;
- As many as 11,800 children under the age of 15 were infected;
- An estimated 146,000 children had lost their mother or both parents to AIDS; and
- Up to 31,000 people died of AIDS in 2001 alone, and an estimated 196,000 have died since the beginning of the epidemic.

HIV/AIDS in Haiti is primarily transmitted via heterosexual contact, reflected in the trend toward an increasingly large percentage of new cases among women. The current male-to-female ratio of HIV infection in urban areas is 0.8 to 1. Twenty years ago, when AIDS first appeared in Haiti, the ratio of persons infected was 5.6 men for every 1 woman. The pattern of infection among pregnant women has also shifted. In 1996, HIV prevalence was highest in the 20- to 24-year age group, at 7.1 percent. This rate dropped to 5.9 percent in 1999. The over 40-year age group had the highest prevalence in 1999, at 8.7 percent, up from 4.8 percent in 1996.



Concerted efforts of nongovernmental organizations (NGOs), bilateral partners, and the United Nations have contributed to the apparent slowdown in the spread of HIV/AIDS in Haiti. Studies show that 98 percent of the population knows about HIV/AIDS, and more than 65 percent understand its modes of transmission. In addition, condom sales have increased, and there are indications that people are beginning to change their behavior to prevent HIV infection.

NATIONAL RESPONSE

Historically, national leadership in the battle against HIV/AIDS in Haiti has not been strong. Over the past several years, political instability and severe economic problems have hindered Haiti's efforts to address HIV/AIDS and other important health issues. Conditions have deteriorated considerably since May 2000, when flawed local and parliamentary elections left the international community alienated. As a result, health sector funding from major bilateral and multilateral international agencies has been sharply reduced or eliminated altogether.

Despite these hurdles, President Jean Bertrand Aristide, as well as the First Lady's Office, have become directly involved in the fight against AIDS, officially launching and promoting a recent national strategic planning process for 2002-2006 and making HIV/AIDS a priority for the current government. The new national program focuses on HIV/AIDS/sexually transmitted infection (STI) prevention, prevention of mother-to-child transmission (MTCT),

and ensuring safety of the blood supply, vaccine research, and care and support for people living with HIV/AIDS. Recognizing the necessity of a multisectoral response, Haiti's HIV/AIDS plan also incorporates legal reform and satisfaction of fundamental human needs, including access to nutritious food, potable water, and education.

Haiti's government encourages active participation from people living with HIV/AIDS in its efforts to combat the disease. Toward this end, plans are under way to develop voluntary counseling and testing (VCT) centers in 10 departmental reference hospitals. The purpose of the VCT centers is threefold: to make information about AIDS more accessible to the population; to give people the opportunity to discover their HIV status; and to provide social services, medications, and nutritional support to infected persons, especially pregnant women.

In response to rising HIV/AIDS prevalence in the Caribbean region, the Pan-Caribbean Partnership against HIV/AIDS was launched in February 2001 to bolster and complement national programs. The partnership links the resources of governments and the international community with those of civil society, under the overall coordination of the Caribbean Community Secretariat (CARICOM). As a result of the Nassau Declaration issued in July 2001, Caribbean heads of state are also devising ways to support each other's national HIV/AIDS programs and jointly negotiate affordable prices for antiretroviral drugs.

Key Population, Health, and Socioeconomic Indicators		
Population	6.9 million	U.S. Census Bureau 2001
Growth Rate	1.4%	U.S. Census Bureau 2000*
Life Expectancy	Male: 47 Female: 51	U.S. Census Bureau 2000*
Total Fertility Rate	4.5	U.S. Census Bureau 2000*
Infant Mortality Rate	97 per 1,000 live births	U.S. Census Bureau 2000*
Maternal Mortality Ratio	600 per 100,000 live births	World Bank 1990
GNP per capita (US\$)	\$480	World Bank 2000
Public health expenditure as % GDP	1.4%	World Bank 1998
Adult Literacy (% of people 15 and above)	Male: 53% Female: 49%	UNESCO 2001

* From U.S. Census Bureau 2000 HIV/AIDS country profiles, which included data from U.S. Census Bureau, Population Reference Bureau, UNAIDS and WHO.

USAID SUPPORT

The **U.S. Agency for International Development (USAID)** is the largest donor to HIV/AIDS activities in Haiti, allocating \$4 million in FY 2001. In 1995, USAID/Haiti developed an integrated health and population program, the Health Systems 2004 Project, to increase the effectiveness of its assistance to nongovernmental organizations (NGOs) and provide assistance to the public sector. USAID's current HIV/AIDS program in Haiti includes a comprehensive set of HIV/AIDS prevention and education activities, as well as programs to provide care and support for those living with the disease.

Haiti is also included under USAID's Caribbean regional HIV/AIDS response. Implementation of this project began in the summer of 2001. The primary goals of the Caribbean regional response are to:

- Increase capacity of NGOs and community-based organizations to deliver HIV/AIDS prevention programs in target countries (\$997,000 throughout the region in FY 2001); and
- Strengthen national capacity to implement an effective response to HIV/AIDS in target countries (\$500,000 in FY 2001).

USAID-SUPPORTED PROGRAMS

With USAID funding, **CARE International** is implementing a care and support program for people living with HIV/AIDS, using an integrated family and community approach. CARE is also working to improve the capacity of 12 health care institutions; implement VCT services; and destigmatize HIV/AIDS in Haiti.

USAID is implementing several activities in Haiti through the **Family Health International (FHI)/IMPACT** project, including:

- A behavior surveillance survey;
- VCT programs;

- Prevention and education programs aimed at vulnerable and high-risk groups (i.e., youth, orphans and vulnerable children, commercial sex workers, men who have sex with men, migrant populations) and people living with HIV/AIDS; and
- A national public education campaign.

USAID also supports **GHESKIO (the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections)** to carry out a VCT program and to train professionals in the departmental VCT centers. The group trains social workers to inform and support individuals with HIV, and supports a system for coordinating counseling activities with other health services. GHESKIO conducts research and provides services for persons living with HIV/AIDS and treatment for opportunistic infections.

For several years **Management Sciences for Health (MSH)** has been the largest conduit of USAID funding for reproductive health activities in Haiti, through the Health Systems 2004 Project. Since April 2000, the organization has spent \$560,000 on HIV/AIDS-related activities, such as provision of HIV/AIDS and STI education, counseling, diagnostics and clinical care for youth; STI treatment; and VCT services.

Through the **Population Services International's (PSI) AIDSMark** project, USAID is implementing a successful condom social marketing program in Haiti. The socially marketed *Pante* brand condom is widely promoted and is sold locally for less than 20 percent of the price of popular commercial brands. More than 12 million *Pante* condoms were sold in 2001. PSI/AIDSMark has introduced the *Reality* female condom in Haiti, selling more than 12,000 units in less than a year.

The Futures Group International/Policy Project assisted in the projection and presentation of data on the implications of population growth and HIV/AIDS, and in the preparation of a series of news bulletins on population, reproductive health, and HIV/AIDS. Additionally, the Policy Project has worked with the Ministry of Health to analyze

recent sentinel surveillance data and to update HIV/AIDS projections for the National AIDS Plan 2002-2006.

OTHER U.S. SUPPORT

The **National Institutes of Health (NIH)** funds HIV prevention research in Belize, Trinidad and Tobago, the Dominican Republic, and Haiti, including studies to evaluate interventions to prevent MTCT.

Haiti is one of three Caribbean countries included in the **Center for Disease Control and Prevention's (CDC)** Global AIDS Program (GAP). In collaboration with other U.S. Government agencies, GAP funds primary prevention; surveillance and infrastructure development; and care, support and treatment activities in those countries most affected by HIV/AIDS. CDC planned to provide \$2 million to Haiti's HIV/AIDS efforts in FY 2001. In addition, CDC began providing technical assistance to the Caribbean Epidemiology Center's (CAREC) HIV prevention, care, and treatment programs in June 2001.

DONOR SUPPORT

Canada designated \$150,000 in FY 2001 for research studies; MTCT prevention; and development of an HIV/AIDS/STI library.

The **Pan American Health Organization (PAHO)** supports HIV seroprevalence surveys in Haiti and the national strategic planning process; and works to ensure security of the blood supply. PAHO allocated \$132,500 in FY 2001.

UNAIDS' priorities for Haiti's national AIDS program are to expand access to VCT; establish a more dependable national surveillance system; mitigate HIV transmission; provide care for people living with HIV/AIDS; and promote the empowerment of women. In FY 2001, UNAIDS contributed \$250,000 to Haiti's HIV/AIDS efforts.

The **United Nations Development Program (UNDP)** contributed to Haiti's HIV/AIDS strategic planning exercise, and is working to strengthen

national capacity for HIV/AIDS surveillance, promote respect for people living with HIV/AIDS, and support Haiti's inclusion in regional meetings and conferences. UNDP allocated \$150,000 to HIV/AIDS activities in Haiti in FY 2001.

The **United Nations Children's Fund (UNICEF)** funds programs to improve child health and prevent HIV/AIDS and STIs. In partnership with **UNAIDS**, Haiti's Ministry of Health and Population, and local NGOs, UNICEF supports a program to reduce MTCT and increase access to confidential VCT services for pregnant women. In FY 2001, UNICEF provided \$250,000 for HIV/AIDS activities in Haiti.

Haiti's current political crisis has resulted in reductions, restrictions or even discontinuation of health sector funding by the World Bank, the Inter-American Development Bank, the European Union, the United Nations Population Fund and a number of bilateral partners (Holland, Germany, France, and Japan.)

CHALLENGES

According to a May 2001 USAID/Synergy Project assessment, numerous factors pose challenges to HIV/AIDS prevention, mitigation, and care efforts in Haiti, including:

- Extreme poverty and poor living conditions that impair access to health information and services;
- Widespread multiple sexual partnering (In 2000, 25.4 percent of men in union and 20.4 percent of men not in union reported having two or more partners);
- Low condom use due to insufficient access and knowledge (In 2000, condom use with non-regular sexual partners among women and men was 14.4 percent and 25.5 percent, respectively);
- Acute stigma attached to people living with HIV/AIDS and their families;
- A dearth of STI screening and VCT services;

- A weak epidemiological surveillance system;
- Intermittent government leadership on HIV/AIDS;
- A severe shortage of health care facilities and services in rural areas; and
- Relative isolation from participation in international AIDS forums and dialogues in recent years.

SELECTED LINKS AND CONTACTS

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2. PAHO Country Office: Mrs. Lea Guido, Representante de l'OPS/OMS en Haiti, a.i., 295 Avenue John Brown, Port-au-Prince, Haiti. Tel: (509) 552-526 or 527, Fax: (509) 662-075.
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3. UNAIDS Country Office: Dr. Maria Tellarico, Conseillère du Programme ONUSIDA en Haiti, 10 Delmas 81, B.P. 557, Port-au-Prince, Haiti. Tel: (509) 246-7696, 246-9219.
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Please direct comments on this profile to info@synergyaids.com.

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